



Washington State Department of  
**Labor & Industries**

# **Independent Medical Exam (IME) Exit Survey**

Update using data from April, 2010; through June, 2012.

September, 2012

Prepared by James Callen, Research and Data Services

## Introduction

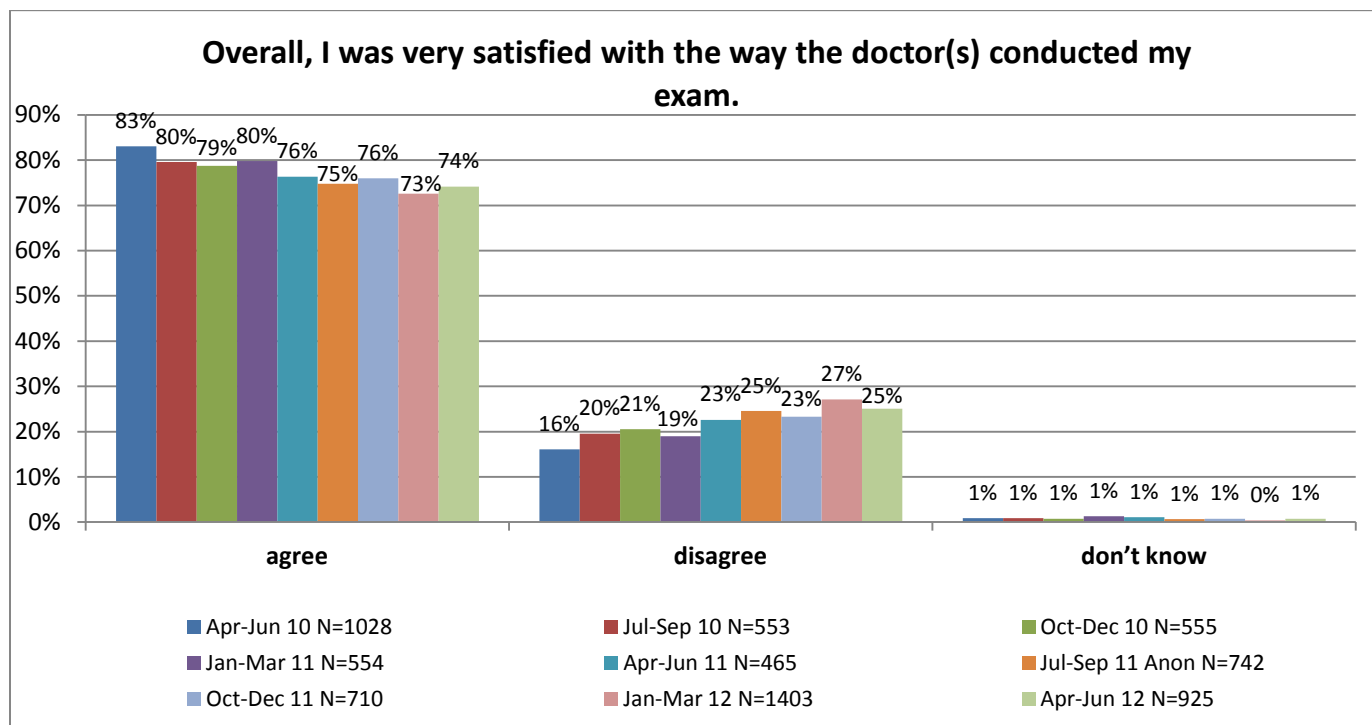
The IME Exit Survey has been underway since March 2010. We now have a data set of 7,097 surveys. Below is a list of the periods in the survey and the number of respondents. The use of direct mailing to the injured workers, begun in July 2011, has increased our response rate significantly.

Period	Number of Respondents
April through June, 2010	1028
July through September, 2010	553
October through December, 2010	555
January through March, 2011	554
April through June, 2011	465
July through September, 2011	742
October through December, 2011	724
January through March, 2012	1478
April through June, 2012	998

This report will look at overall satisfaction rates and those items in the survey which seem to bear the greatest relationship to overall satisfaction.

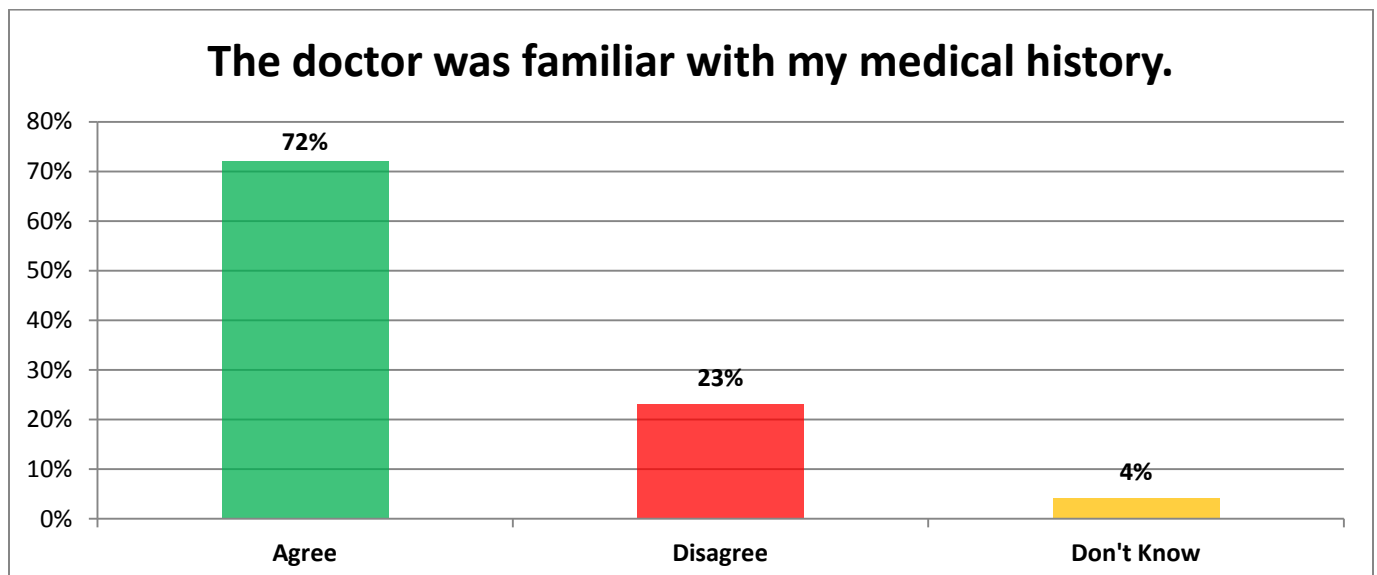
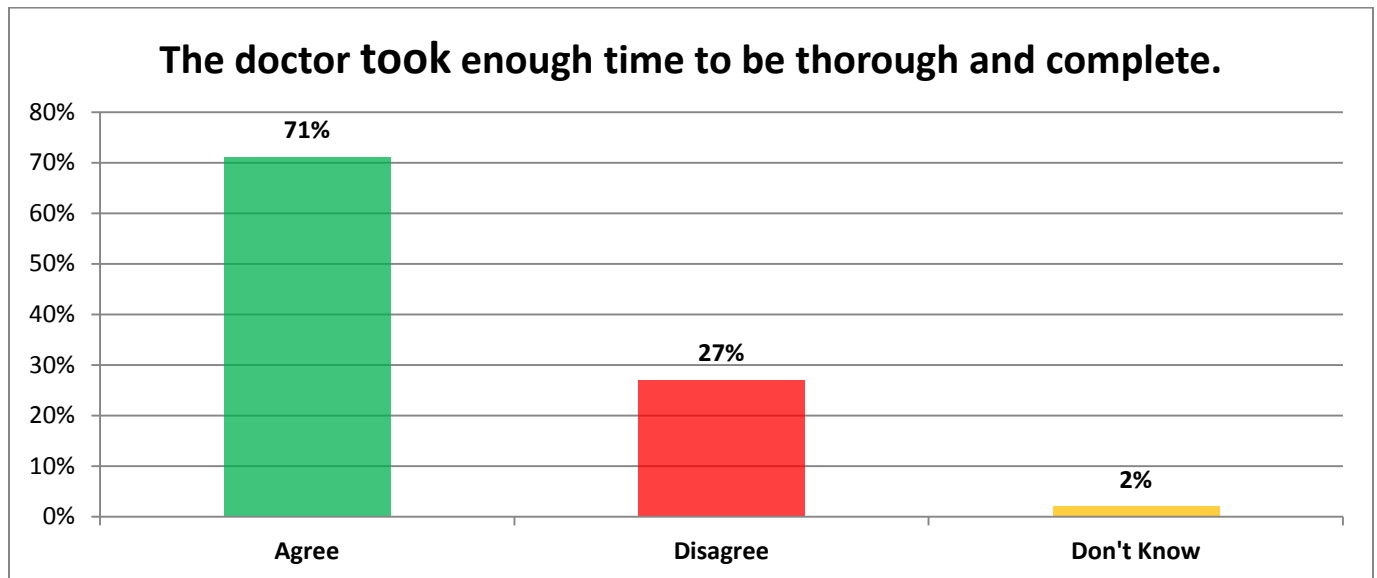
## Overall Satisfaction

Results over the last four quarters have been essentially flat, averaging 74.4%. While this is not as positive as we would like, we take encouragement from having stopped the steady decline seen in the first five quarters. Moving these numbers in the desired direction will require changes in long established processes and some lifetime habits. We expect it to be a long-term process.

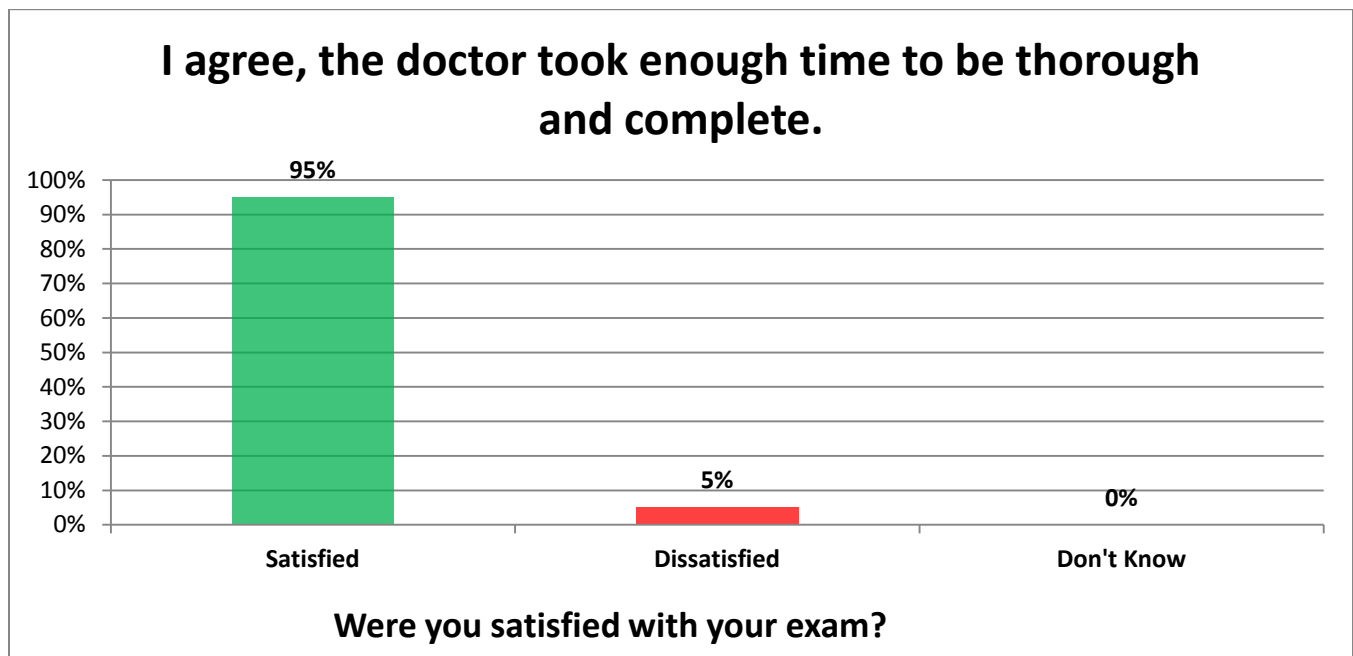


### Survey items with the most direct relationship to satisfaction

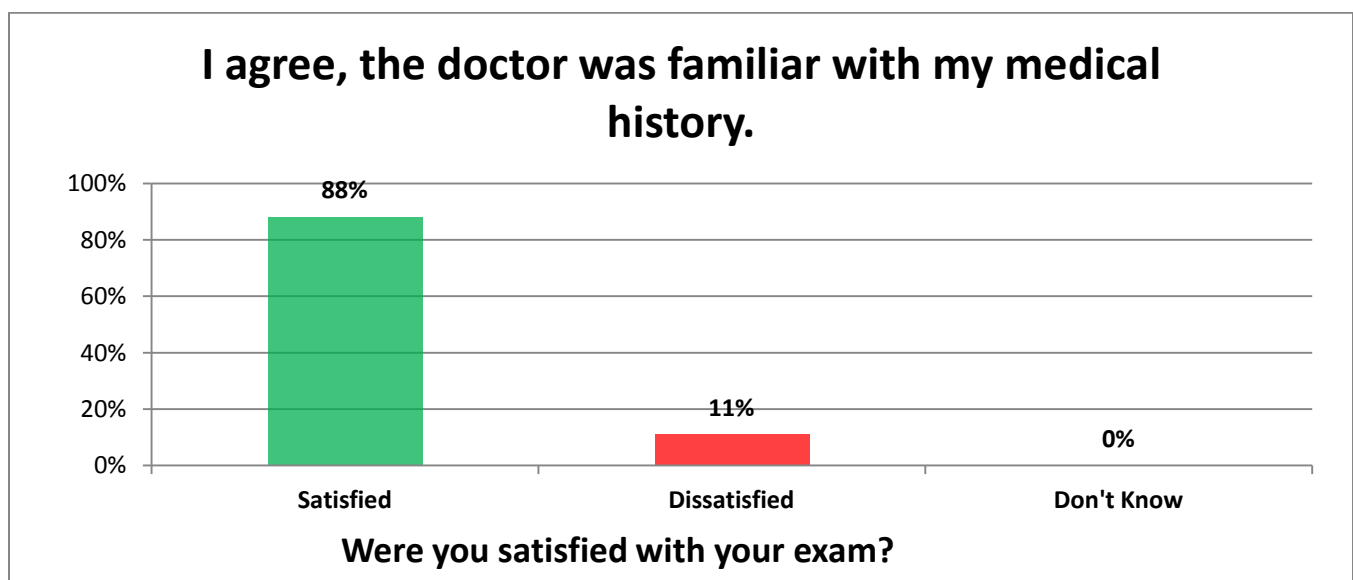
Below are the results of the survey items that have the strongest relationships to overall satisfaction. Both items have consistently run 2% to 6% below the overall satisfaction rates in the quarterly data sets. This is also true with the full data set.



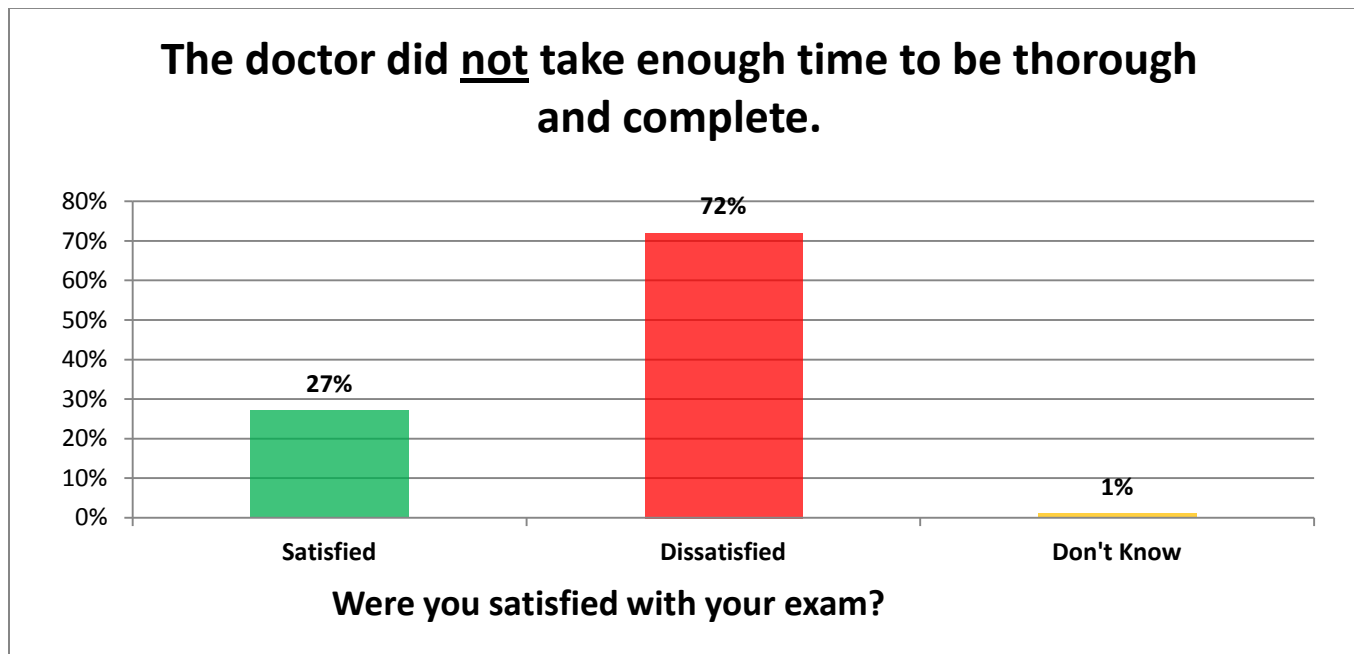
When you cross-match the patient's perception of the amount of time taken in the exam with their overall satisfaction, you get this result.



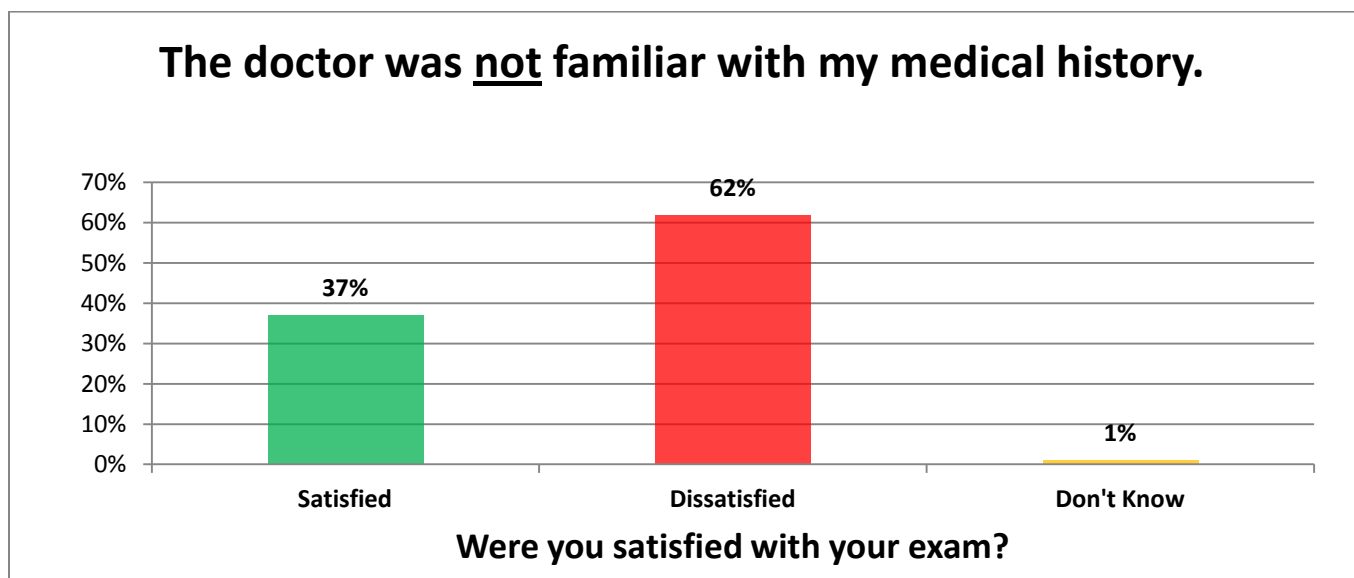
Similar results occur when you look at the item relating to the doctor's familiarity with the patient's medical history.



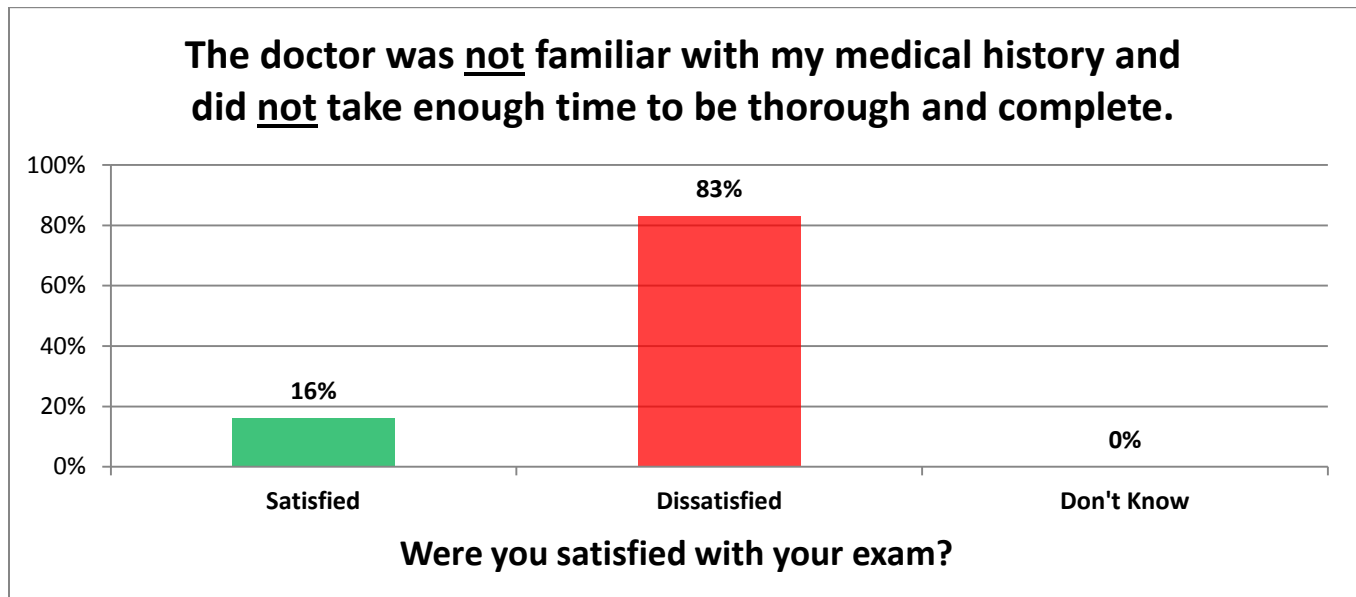
The group that I would like to focus on however, is the patients who did not give positive answers to those two items. As you can see, if the patient feels the doctor has rushed their examination, overall satisfaction rates are terrible.



The perception that the doctor hasn't taken the time to prepare for the exam results in satisfaction rates that are only slightly better.



A surprisingly common combination of answers is that the patient perceives the doctor to be unprepared and in a hurry, with the predictable effect on patient satisfaction.



What changes are required to ensure that the examiners have and take the opportunity to familiarize themselves with the patient's history is something that the firms and examiners themselves know best. The issue of the amount of time spent on the exam however does lend itself to analysis. The patients were asked to estimate the length of their physical exam. While this isn't a precise measure, the same degree of imprecision applies to all the respondents regardless of their answers on other items.

- The average length of the physical exam for those who felt not enough time was taken was 19 minutes.
- The average length of the physical exam for those who felt enough time was taken was 27 minutes.

The median length had even less difference;

- The median for those who thought not enough time was taken was 15 minutes.
- The median for those who thought enough time was taken was 20 minutes.

Clearly the amount of time investment needed to move a patient from the "Dissatisfied" column to the "Satisfied" column is not that great.

There are behavioral factors that contribute to the patient's perception that not enough time has been taken. Some of these can be identified from the remarks included on the survey by some of the respondents. The two most common are; Asking a question and then cutting the patient off during their answer, and not allowing the patient to ask questions. It also includes checking your watch during the examination.

The problem about the doctor's being familiar with the patient's medical record also shows up in the remarks. They range from the examiner not knowing about recent test results and attending provider comments, to providers leafing hurriedly through the record while asking questions, to the most obvious;

providers who did not know which limb was to be examined and providers looking at the record after they entered the exam room in order to know the patients name.

Another issue that arose out of examining the patient comments is rudeness. Not surprisingly, 98% of patients who characterized their examiners as rude also said they were dissatisfied with their examinations. While these are not a large group, representing only 4% of respondents, all of these unsatisfied patients are unnecessary. Exercising the courtesy a person would use with a stranger and confining conversations to professional concerns would eliminate all of these instances. The table below includes a summary of patient comments. The table is not exhaustive.

<b>Terms used to describe provider attitudes</b>
Accusatory
Aggressive
Arrogant
Condescending
Cranky
Curt
Disrespectful
Grouchy
Hostile
Impolite
Rude
Suspicious
Unfriendly
<b>Doctors should not;</b>
Ask the patient about their family relationships if they are not a psychiatrist
Comment about the patients hairstyle
Compare patients condition with Dr's own much worse condition
Compares the patients health unfavorably with their own health
Complained about the Workers Comp system
Criticize the patient's career choice
Imply the patient is after money
Imply the patient is an illegal alien
Imply the patient is lying about their pain, symptoms, or work status
Imply the patient has removed information from their medical record
Joke about the patient's injury
Laughed at the patient's description of symptoms
Question credentials / competence of previous medical provider
Say the patient's generation is ruining the country
Talk about how quickly they can finish the exam
Talk about their political views
Talk about themselves more than about the patient
Tell the patient to close their claim
Tell patient that their "condition is outside my area of expertise"
Tell patient their pain is because they are old
Tell patient they eat too much
Tell the patient not to be so emotional

## **Conclusion**

We hope that this information will be useful to you in your continuing efforts to provide excellent service to injured workers.